



CERTIFICATE OF OFFICIAL RECORD

February 28, 2019

The Internal Revenue Service, Enterprise Computing Center (IRS ECC) in Detroit, Michigan, maintains all paper records filed with the Financial Crimes Enforcement Network (FinCEN). I certify that the annexed records were retrieved at my direction, and are true copies of original Treasury Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts (OMB No. 1545-2038), with assigned BSA Identification Numbers and Document Control Numbers: 31000019328377 / 201222200329, 31000019328422 / 201222200755, 31000019328748 / 201222200427, 31000019328824 / 201222200452, 31000019328843 / 201222200477, 31000019330163 / 201222202228, and 31000020872013 / 201218725895,

under the custody of this office.

IN WITNESS WHEREOF, I have hereunto set my hand, and caused the seal of this office to be affixed, on the day and year first above written.

By direction of the Secretary of the Treasury:
Director, Financial Crimes Enforcement Network

By: *Jeffrey D. Anderson*
Jeffrey D. Anderson
Chief
Law Enforcement Support Section

DEFENDANT'S
EXHIBIT
1033
US v. PIERON

20122202228

TD F 90-22.1(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
this form**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report Is for Calendar
Year Ended 12/31

2 0 0 5

Amended **Part I Filer Information**

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number

2111

If filer has no U.S. Identification
Number complete Item 4.

4 Foreign identification (Complete only if item 3 is not applicable.)

a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYY

1969

6 Last Name or Organization Name

PIERON, JR.

7 First Name

JAMES

8 Middle Initial

D

9 Address (Number, Street, and Apt. or Suite No.)

10 City

MT. PLEASANT

11 State

MI

12 Zip/Postal Code

13 Country

US

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

16 Type of account a Bank b Securities c Other—Enter type below

100,000

17 Name of Financial Institution in which account is held

UNION BANK OF SWITZERLAND

18 Account number or other designation

02/40M

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

POSTFACH

20 City

ZURICH

21 State, if known

22 Zip/Postal Code, if known

8098

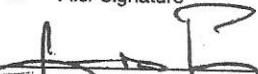
23 Country

SWITZERLAND

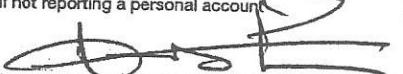
52 AUG-9 5:45 PM 2012

Signature

44 Filer Signature



45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YY)
6-AUG-12

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

20122202229

Part II Continued—Information on Financial Account(s) Owned Separately.

Form TD F 90-22.1

Page Number

2 of 2

Complete a Separate Block for Each Account Owned Separately

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for calendar year 2 0 0 5	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 2111	6 Last Name or Organization Name PIERON, JR.	
15 Maximum value of account during calendar year reported TBD	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below FJ TECHNOLOGIES AG		
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND			
18 Account number or other designation TBD	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH		
20 City ZURICH	21 State, if known	22 Zip/Postal Code, if known 8001	23 Country SWITZERLAND S2
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held			
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held			
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held			
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held			
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held			
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

20122202223

JAMES D PIERON, JR.

MT. PLEASANT, MI

2111

FORM TD F 90-22.1 STATEMENT 12/31/05

MR. PIERON WAS INVOLVED WITH SEVERAL ENTITIES WHILE IN SWITZERLAND AND WAS UNAWARE OF THE FILING AND REPORTING REQUIREMENTS FOR THE FOREIGN BANK ACCOUNTS. ONCE MADE AWARE OF THE FILING REQUIREMENTS, HE IMMEDIATELY TOOK STEPS TO COMPLY BY SEARCHING THROUGH SEVERAL YEARS OF RECORDS TO OBTAIN THE REQUIRED INFORMATION. INCLUDED ON FORM TD F 90-22.1 IS ONE PERSONAL ACCOUNT AND ONE BUSINESS ACCOUNT OF WHICH MR. PIERON WAS A GREATER THAN 50% OWNER.

RECEIVED BY IRS
DETROIT COMPUTING CENTER

2012 AUG - 9 AM 5: 20

20122200329

TD F 90-22.1(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
this form**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

2 0 0 6

Amended **Part I Filer Information****2 Type of Filer**a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____**3 U.S. Taxpayer Identification Number**

2111

If filer has no U.S. Identification
Number complete Item 4.**4 Foreign identification (Complete only if item 3 is not applicable.)**a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYY

1969

6 Last Name or Organization Name

PIERON, JR.

7 First Name

JAMES

8 Middle Initial

D

9 Address (Number, Street, and Apt. or Suite No.)**10 City**

MT. PLEASANT

11 State

MI

12 Zip/Postal Code**13 Country**

US

14 Does the filer have a financial interest in 25 or more financial accounts? Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately****15 Maximum value of account during calendar year reported**16 Type of account a Bank b Securities c Other—Enter type below

20,000

17 Name of Financial Institution in which account is held

UNION BANK OF SWITZERLAND

18 Account number or other designation

60Z/40M

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

POSTFACH

20 City

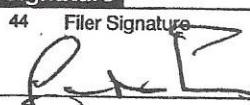
ZURICH

21 State, if known**22 Zip/Postal Code, if known****23 Country**

8098

SWITZERLAND

S2

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

6-AUG-12

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

20122200329

Part II Continued—Information on Financial Account(s) Owned Separately

Form TD F 90-22.1

Page Number

2 of 2

Complete a Separate Block for Each Account Owned Separately

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for calendar year 2 0 0 6	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 2111	6 Last Name or Organization Name PIERON, JR.
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15 Maximum value of account during calendar year reported 300,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX TECHNOLOGIES AG
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17 Name of Financial Institution in which account is held**UNION BANK OF SWITZERLAND**

18 Account number or other designation 1/67F/01P	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH		
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known 6002	23 Country SWITZERLAND SZ
15 Maximum value of account during calendar year reported 500,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX FUND MGMT LTD, B.V.I.		

17 Name of Financial Institution in which account is held**CREDIT SUISSE**

18 Account number or other designation 12/11	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held GENEVA 70		
20 City GENEVA	21 State, if known	22 Zip/Postal Code, if known 1211	23 Country SWITZERLAND SZ
15 Maximum value of account during calendar year reported 500,000	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX FUND MGMT LTD, B.V.I.		

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported 500,000	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX FUND MGMT LTD, B.V.I.		

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported 500,000	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX FUND MGMT LTD, B.V.I.		

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported 500,000	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX FUND MGMT LTD, B.V.I.		

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

20122200329

JAMES D PIERON, JR.

MT. PLEASANT, MI 48858
[REDACTED] 2111

FORM TD F 90-22.1 STATEMENT 12/31/06

MR. PIERON WAS INVOLVED WITH SEVERAL ENTITIES WHILE IN SWITZERLAND AND WAS UNAWARE OF THE FILING AND REPORTING REQUIREMENTS FOR THE FOREIGN BANK ACCOUNTS. ONCE MADE AWARE OF THE FILING REQUIREMENTS, HE IMMEDIATELY TOOK STEPS TO COMPLY BY SEARCHING THROUGH SEVERAL YEARS OF RECORDS TO OBTAIN THE REQUIRED INFORMATION. INCLUDED ON FORM TD F 90-22.1 ARE ONE PERSONAL ACCOUNT AND TWO BUSINESS ACCOUNTS OF WHICH MR. PIERON WAS A GREATER THAN 50% OWNER.

RECEIVED IRS DETROIT
COMPUTING CENTER

2012 AUG - 9 AM 11:45

20122200427

TD F 90-22.1(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
this form**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

2 0 0 7

Amended **Part I Filer Information****2 Type of Filer**a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____**3 U.S. Taxpayer Identification Number**

[REDACTED] 2111

If filer has no U.S. Identification
Number complete Item 4.**4 Foreign Identification (Complete only if item 3 is not applicable.)**a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYY

b Number

c Country of Issue

6 Last Name or Organization Name

7 First Name

8 Middle Initial

PIERON, JR.

JAMES

D

9 Address (Number, Street, and Apt. or Suite No.)

10 City	11 State	12 Zip/Postal Code	13 Country
MT. PLEASANT	MI	48858	US

14 Does the filer have a financial interest in 25 or more financial accounts? Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately****15 Maximum value of account during calendar year reported**16 Type of account a Bank b Securities c Other—Enter type below

8,000,000

17 Name of Financial Institution in which account is held

UNION BANK OF SWITZERLAND

18 Account number or other designation**19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held**

[REDACTED] 60Z/40M

POSTFACH

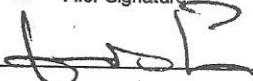
RECEIVED
COMPUTING
INFORMATION
CENTRE
DETROIT
12 AUG 8 AM
8**20 City****21 State, if known****22 Zip/Postal Code, if known****23 Country**

ZURICH

8098

SWITZERLAND

SZ

Signature**44 Filer Signature****45 Filer Title, if not reporting a personal account****46 Date (MM/DD/YYYY)**

6-AUG-12

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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20122200427

Part II Continued—Information on Financial Account(s) Owned Separately

Form TD F 90-22.1

Page Number

2 of 4

Complete a Separate Block for Each Account Owned Separately

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for calendar year 2 0 0 7	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 2111	6 Last Name or Organization Name PIERON, JR.
15 Maximum value of account during calendar year reported 8,850,000	16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JAMES PIERON / JDFX FUND	
17 Name of Financial Institution in which account is held JDFX FUND LTD		
18 Account number or other designation TBD	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 800 ROAD TOWN	
20 City TORTOLA	21 State, if known	22 Zip/Postal Code, if known B.V.I.
15 Maximum value of account during calendar year reported 2,600,000	16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JAMES PIERON / SAXO	
17 Name of Financial Institution in which account is held SAXOBANK		
18 Account number or other designation 4882INET	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PHILIP HEYMANS ALLE 15	
20 City HELLERUP	21 State, if known	22 Zip/Postal Code, if known DENMARK DA
15 Maximum value of account during calendar year reported 200,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below KOMPLIQUE AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation 60X/01V	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known SWITZERLAND SZ
15 Maximum value of account during calendar year reported 100,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX HOLDING AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation 0N/01A	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known SWITZERLAND SZ
15 Maximum value of account during calendar year reported 1,000,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX TECHNOLOGIES AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation 60J/67F/01P	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known SWITZERLAND SZ
15 Maximum value of account during calendar year reported 50,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX RISK MANAGEMENT SERVICES AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation 60K/01G	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known SWITZERLAND SZ

Form TD F 90-22.1 (Rev. 1-2012)

20122200427

20122200427

Part IV Information on Financial Account(s) Where Filer has Signature Authority but No Financial Interest in the Account(s)				Form TD F 90-22.1 Page Number
Complete a Separate Block for Each Account				<u>4</u> of <u>4</u>
This side can be copied as many times as necessary in order to provide information on all accounts.				
1 Filing for calendar year <u>2 0 0 7</u>	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>2111</u>	6 Last Name or Organization Name <u>PIERON, JR.</u>		
15 Maximum value of account during calendar year reported <u>19,900,000</u>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below <u>JDFX FUND LTD</u>			
17 Name of Financial Institution in which account is held JPMORGAN				
18 Account number or other designation <u>1701</u>	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>125 LONDON WALL</u>			
20 City <u>LONDON</u>	21 State, if known <u></u>	22 Zip/Postal Code, if known <u>EC2TY5AJ</u>	23 Country <u>UK</u>	
34 Last Name or Organization Name of Account Owner JDFX FUND LTD	35 Taxpayer Identification Number of Account Owner			
36 First Name <u></u>	37 Middle initial <u></u>	38 Address (Number, Street, and Apt. or Suite No.) <u>800 ROAD TOWN</u>		
39 City <u>TORTOLA</u>	40 State <u></u>	41 Zip/Postal Code <u>-B.V.I.-</u>	42 Country <u>VI</u>	
43 Filer's Title with this Owner DIRECTOR				
15 Maximum value of account during calendar year reported <u>7,500,000</u>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below <u>JDFX FUND LTD</u>			
17 Name of Financial Institution in which account is held JPMORGAN				
18 Account number or other designation OPICS COLLATERAL	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>125 LONDON WALL</u>			
20 City <u>LONDON</u>	21 State, if known <u></u>	22 Zip/Postal Code, if known <u>EC2TY5AJ</u>	23 Country <u>UK</u>	
34 Last Name or Organization Name of Account Owner JDFX FUND LTD	35 Taxpayer Identification Number of Account Owner			
36 First Name <u></u>	37 Middle initial <u></u>	38 Address (Number, Street, and Apt. or Suite No.) <u>800 ROAD TOWN</u>		
39 City <u>TORTOLA</u>	40 State <u></u>	41 Zip/Postal Code <u>-B.V.I.-</u>	42 Country <u>VI</u>	
43 Filer's Title with this Owner DIRECTOR				
15 Maximum value of account during calendar year reported <u></u>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below			
17 Name of Financial Institution in which account is held <u></u>				
18 Account number or other designation <u></u>	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u></u>			
20 City <u></u>	21 State, if known <u></u>	22 Zip/Postal Code, if known <u></u>	23 Country <u></u>	
34 Last Name or Organization Name of Account Owner <u></u>	35 Taxpayer Identification Number of Account Owner			
36 First Name <u></u>	37 Middle initial <u></u>	38 Address (Number, Street, and Apt. or Suite No.) <u></u>		
39 City <u></u>	40 State <u></u>	41 Zip/Postal Code <u></u>	42 Country <u></u>	
43 Filer's Title with this Owner <u></u>				

20122200427

JAMES D PIERON, JR.

MT. PLEASANT, MI [REDACTED]
[REDACTED] 2111

FORM TD F 90-22.1 STATEMENT 12/31/07

MR. PIERON WAS INVOLVED WITH SEVERAL ENTITIES WHILE IN SWITZERLAND AND WAS UNAWARE OF THE FILING AND REPORTING REQUIREMENTS FOR THE FOREIGN BANK ACCOUNTS. ONCE MADE AWARE OF THE FILING REQUIREMENTS, HE IMMEDIATELY TOOK STEPS TO COMPLY BY SEARCHING THROUGH SEVERAL YEARS OF RECORDS TO OBTAIN THE REQUIRED INFORMATION. INCLUDED ON FORM TD F 90-22.1 ARE THREE PERSONAL ACCOUNTS, FIVE BUSINESS ACCOUNTS OF WHICH MR. PIERON WAS A GREATER THAN 50% OWNER AND TWO ACCOUNTS WHICH HE HAD SIGNATURE AUTHORITY ONLY.

5
20122200452**TD F 90-22.1**(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
this form**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

2 0 0 8

Amended **Part I Filer Information**

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number

2111

If filer has no U.S. Identification
Number complete Item 4.

4 Foreign Identification (Complete only if item 3 is not applicable.)

a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYY

1969

6 Last Name or Organization Name

PIERON, JR.

7 First Name

JAMES

8 Middle Initial

D

9 Address (Number, Street, and Apt. or Suite No.)

1916 CHURCHILL BLVD.

10 City

MT. PLEASANT

11 State

MI

12 Zip/Postal Code

48858

13 Country

US

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____
(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

4,250,000

16 Type of account a Bank b Securities c Other—Enter type below

17 Name of Financial Institution in which account is held

UNION BANK OF SWITZERLAND

18 Account number or other designation

60Z/40M

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

POSTFACH

RECEIVED
COMPUTER
SYSTEMS
DEPARTMENT
DETROIT
AM 1:58

20 City

ZURICH

21 State, if known

22 Zip/Postal Code, if known

8098

23 Country

SWITZERLAND SZ

Signature



44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

6-16-12

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

201222200452

Part II Continued—Information on Financial Account(s) Owned SeparatelyForm TD F 90-22.1
Page Number

2 of 4

Complete a Separate Block for Each Account Owned Separately

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for calendar year 2 0 0 8	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 2111	6 Last Name or Organization Name PIERON, JR.
15 Maximum value of account during calendar year reported 2,600,000	16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JAMES PIERON / JDFX FUND	
17 Name of Financial Institution in which account is held JDFX FUND LTD.		
18 Account number or other designation TBD	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 800 ROAD TOWN	
20 City TORTOLA	21 State, if known	22 Zip/Postal Code, if known B.V.I.
15 Maximum value of account during calendar year reported 2,614,000	16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JAMES PIERON / SAXO	
17 Name of Financial Institution in which account is held SAXOBANK		
18 Account number or other designation 882INET	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PHILIP HEYMANS ALLE 15	
20 City HELLERUP	21 State, if known	22 Zip/Postal Code, if known DENMARK DA
15 Maximum value of account during calendar year reported 300,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below KOMPLIQUE AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation 60X/01V	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known SWITZERLAND SZ
15 Maximum value of account during calendar year reported 2,250,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX HOLDING AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation 60N/01A	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known SWITZERLAND SZ
15 Maximum value of account during calendar year reported 1,000,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX TECHNOLOGIES AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation /67F/01P	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known SWITZERLAND SZ
15 Maximum value of account during calendar year reported 170,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX RISK MANAGEMENT SERVICES AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation 60K/01G	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known SWITZERLAND SZ

Form TD F 90-22.1 (Rev. 1-2012)

20122200452

Part II Continued—Information on Financial Account(s) Owned Separately				Form TD F 90-22.1 Page Number
Complete a Separate Block for Each Account Owned Separately				<u>3</u> of <u>4</u>
This side can be copied as many times as necessary in order to provide information on all accounts.				
1 Filing for calendar year <u>2</u> <u>0</u> <u>0</u> <u>8</u>	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>PIERON, JR.</u> <u>2111</u>	6 Last Name or Organization Name <u>PIERON, JR.</u>		
15 Maximum value of account during calendar year reported <u>9,250,000</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below <u>JDFX FUND MGMT LTD, B.V.I.</u>		
17 Name of Financial Institution in which account is held CREDIT SUISSE				
18 Account number or other designation <u>12/11</u>	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>GENEVA 70</u>			
20 City <u>GENEVA</u>	21 State, if known	22 Zip/Postal Code, if known <u>1211</u>	23 Country <u>SWITZERLAND</u> <u>SZ</u>	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held				
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held				
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held				
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held				
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held				

20122200452

Part IV Information on Financial Account(s) Where Filer has Signature Authority but No Financial Interest in the Account(s)				Form TD F 90-22.1 Page Number
Complete a Separate Block for Each Account This side can be copied as many times as necessary in order to provide information on all accounts.				<u>4</u> of <u>4</u>
1 Filing for calendar year <u>2 0 0 8</u>	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>2111</u>	6 Last Name or Organization Name <u>PIERON, JR.</u>		
15 Maximum value of account during calendar year reported <u>660,000</u>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below <u>JDFX FUND LTD</u>			
17 Name of Financial Institution in which account is held JPMORGAN				
18 Account number or other designation <u>OPICS COLLATERAL</u>	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>125 LONDON WALL</u>			
20 City <u>LONDON</u>	21 State, if known <u>EC2TY5AJ</u>	22 Zip/Postal Code, if known <u>UK</u>	23 Country	
34 Last Name or Organization Name of Account Owner <u>JDFX FUND LTD</u>			35 Taxpayer Identification Number of Account Owner	
36 First Name	37 Middle initial	38 Address (Number, Street, and Apt. or Suite No.) <u>800 ROAD TOWN</u>		
39 City <u>TORTOLA</u>	40 State	41 Zip/Postal Code <u>B.V.I.</u>	42 Country <u>VI</u>	
43 Filer's Title with this Owner DIRECTOR				
15 Maximum value of account during calendar year reported <u>10,000,000</u>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below <u>JDFX FUND LTD</u>			
17 Name of Financial Institution in which account is held DEUTSCHE BANK				
18 Account number or other designation <u>9266A</u>	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>100 PLAZA ONE</u>			
20 City <u>JERSEY CITY</u>	21 State, if known <u>NJ</u>	22 Zip/Postal Code, if known <u>07311</u>	23 Country <u>USA</u>	
34 Last Name or Organization Name of Account Owner <u>JDFX FUND LTD</u>			35 Taxpayer Identification Number of Account Owner	
36 First Name	37 Middle initial	38 Address (Number, Street, and Apt. or Suite No.) <u>800 ROAD TOWN</u>		
39 City <u>TORTOLA</u>	40 State	41 Zip/Postal Code <u>B.V.I.</u>	42 Country	
43 Filer's Title with this Owner DIRECTOR				
15 Maximum value of account during calendar year reported <u>5,500,000</u>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below <u>JDFX FUND LTD</u>			
17 Name of Financial Institution in which account is held JP MORGAN				
18 Account number or other designation <u>1701</u>	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>125 LONDON WALL</u>			
20 City <u>LONDON</u>	21 State, if known <u>EC2TY5AJ</u>	22 Zip/Postal Code, if known <u>UK</u>	23 Country	
34 Last Name or Organization Name of Account Owner <u>JDFX FUND LTD</u>			35 Taxpayer Identification Number of Account Owner	
36 First Name	37 Middle initial	38 Address (Number, Street, and Apt. or Suite No.) <u>800 ROAD TOWN</u>		
39 City <u>TORTOLA</u>	40 State	41 Zip/Postal Code <u>B.V.I.</u>	42 Country	
43 Filer's Title with this Owner DIRECTOR				

20122200452

JAMES D PIERON, JR.

MT. PLEASANT, MI

-2111

FORM TD F 90-22.1 STATEMENT 12/31/08

MR. PIERON WAS INVOLVED WITH SEVERAL ENTITIES WHILE IN SWITZERLAND AND WAS UNAWARE OF THE FILING AND REPORTING REQUIREMENTS FOR THE FOREIGN BANK ACCOUNTS. ONCE MADE AWARE OF THE FILING REQUIREMENTS, HE IMMEDIATELY TOOK STEPS TO COMPLY BY SEARCHING THROUGH SEVERAL YEARS OF RECORDS TO OBTAIN THE REQUIRED INFORMATION. INCLUDED ON FORM TD F 90-22.1 ARE THREE PERSONAL ACCOUNTS, FIVE BUSINESS ACCOUNTS OF WHICH MR. PIERON WAS A GREATER THAN 50% OWNER AND THREE ACCOUNTS WHICH HE HAD SIGNATURE AUTHORITY ONLY.

20122200477

TD F 90-22.1(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
this form**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

2 0 0 9

Amended **Part I Filer Information**

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number

[REDACTED] 2111

If filer has no U.S. Identification
Number complete Item 4.

4 Foreign identification (Complete only if item 3 is not applicable.)

a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYY

10/01/1969

6 Last Name or Organization Name

PIERON, JR.

b Number

c Country of Issue

7 First Name

8 Middle Initial

D

9 Address (Number, Street, and Apt. or Suite No.)

10 City

MT. PLEASANT

11 State

MI

12 Zip/Postal Code

[REDACTED]

13 Country

US

12

AUG - 8 AM

RECEIVED IRS DETROIT COMPUTING CENTER

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

16 Type of account a Bank b Securities c Other—Enter type below

3,800,000

17 Name of Financial Institution in which account is held

UNION BANK OF SWITZERLAND

18 Account number or other designation

[REDACTED] 60Z/40M

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

POSTFACH

20 City

ZURICH

21 State, if known

[REDACTED]

22 Zip/Postal Code, if known

8098

23 Country

SWITZERLAND

SZ

Signature

44 Filer Signature

[REDACTED]

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

6-10-17

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

201222200477

Part II Continued—Information on Financial Account(s) Owned Separately**Complete a Separate Block for Each Account Owned Separately**

This side can be copied as many times as necessary in order to provide information on all accounts.

Form TD F 90-22.1

Page Number

2 of 4

1 Filing for calendar year 2 0 0 9	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 2111	6 Last Name or Organization Name PIERON, JR.
15 Maximum value of account during calendar year reported 23,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held BANQUE CANTONALE VAUDOISE		
18 Account number or other designation 32.40	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held CASE POSTALE 300	
20 City LAUSANNE	21 State, if known	22 Zip/Postal Code, if known 1001
15 Maximum value of account during calendar year reported 2,100,000	16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JAMES PIERON / SAXO	
17 Name of Financial Institution in which account is held SAXOBANK		
18 Account number or other designation 882INET	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PHILIP HEYMANS ALLE 15	
20 City HELLERUP	21 State, if known	22 Zip/Postal Code, if known 2900
15 Maximum value of account during calendar year reported 300,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below KOMPLIQUE AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation 60X/01V	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known 6002
15 Maximum value of account during calendar year reported 2,250,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX HOLDING AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation 60N/01A	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known 6002
15 Maximum value of account during calendar year reported 1,000,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX TECHNOLOGIES AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation /67F/01P	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known 6002
15 Maximum value of account during calendar year reported 100,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX RISK MANAGEMENT SERVICES AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation 60K/01G	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known 6002
	23 Country SWITZERLAND SZ	

Form TD F 90-22.1 (Rev. 1-2012)

201222200477

Part II Continued—Information on Financial Account(s) Owned Separately**Complete a Separate Block for Each Account Owned Separately**

This side can be copied as many times as necessary in order to provide information on all accounts.

Form TD F 90-22.1
Page Number

3 of 4

1 Filing for calendar year 2 0 0 9	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 2111	6 Last Name or Organization Name PIERON, JR.
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15 Maximum value of account during calendar year reported 250,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX FUND MGMT LTD, B.V.I.
--	---

17 Name of Financial Institution in which account is held

CREDIT SUISSE

18 Account number or other designation 12/11	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held GENEVA 70		
20 City GENEVA	21 State, if known 1211	22 Zip/Postal Code, if known 1211	23 Country SWITZERLAND SZ
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

Form TD F 90-22.1 (Rev. 1-2012)

20122200477

Part IV Information on Financial Account(s) Where Filer has Signature Authority but No Financial Interest in the Account(s)				Form TD F 90-22.1 Page Number <u>4</u> of <u>4</u>
Complete a Separate Block for Each Account This side can be copied as many times as necessary in order to provide information on all accounts.				
1 Filing for calendar year <u>2 0 0 9</u>	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>2111</u>	6 Last Name or Organization Name <u>PIERON, JR.</u>		
15 Maximum value of account during calendar year reported <u>660,000</u>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below			
17 Name of Financial Institution in which account is held JPMORGAN				
18 Account number or other designation OPICS COLLATERAL	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 125 LONDON WALL			
20 City LONDON	21 State, if known	22 Zip/Postal Code, if known EC2TY5AJ	23 Country UK	
34 Last Name or Organization Name of Account Owner JDFX FUND LTD			35 Taxpayer Identification Number of Account Owner	
36 First Name	37 Middle initial	38 Address (Number, Street, and Apt. or Suite No.) 800 ROAD TOWN		
39 City TORTOLA	40 State	41 Zip/Postal Code	42 Country B.V.I.	
43 Filer's Title with this Owner DIRECTOR				
15 Maximum value of account during calendar year reported <u>1,000,000</u>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below			
17 Name of Financial Institution in which account is held DEUTSCHE BANK				
18 Account number or other designation <u>266A</u>	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 100 PLAZA ONE			
20 City JERSEY CITY	21 State, if known NJ	22 Zip/Postal Code, if known 07311	23 Country USA	
34 Last Name or Organization Name of Account Owner JDFX FUND LTD			35 Taxpayer Identification Number of Account Owner	
36 First Name	37 Middle initial	38 Address (Number, Street, and Apt. or Suite No.) 800 ROAD TOWN		
39 City TORTOLA	40 State	41 Zip/Postal Code	42 Country B.V.I.	
43 Filer's Title with this Owner DIRECTOR				
15 Maximum value of account during calendar year reported <u>7,250,000</u>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below			
17 Name of Financial Institution in which account is held JPMORGAN				
18 Account number or other designation <u>1701</u>	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 125 LONDON WALL			
20 City LONDON	21 State, if known	22 Zip/Postal Code, if known EC2TY5AJ	23 Country UK	
34 Last Name or Organization Name of Account Owner JDFX FUND LTD			35 Taxpayer Identification Number of Account Owner	
36 First Name	37 Middle initial	38 Address (Number, Street, and Apt. or Suite No.) 800 ROAD TOWN		
39 City TORTOLA	40 State	41 Zip/Postal Code	42 Country B.V.I.	
43 Filer's Title with this Owner DIRECTOR				

201222200477

JAMES D PIERON, JR.

MT. PLEASANT, MI

2111

FORM TD F 90-22.1 STATEMENT 12/31/09

MR. PIERON WAS INVOLVED WITH SEVERAL ENTITIES WHILE IN SWITZERLAND AND WAS UNAWARE OF THE FILING AND REPORTING REQUIREMENTS FOR THE FOREIGN BANK ACCOUNTS. ONCE MADE AWARE OF THE FILING REQUIREMENTS, HE IMMEDIATELY TOOK STEPS TO COMPLY BY SEARCHING THROUGH SEVERAL YEARS OF RECORDS TO OBTAIN THE REQUIRED INFORMATION. INCLUDED ON FORM TD F 90-22.1 ARE THREE PERSONAL ACCOUNTS, FIVE BUSINESS ACCOUNTS OF WHICH MR. PIERON WAS A GREATER THAN 50% OWNER AND THREE ACCOUNTS WHICH HE HAD SIGNATURE AUTHORITY ONLY.

201222200755

TD F 90-22.1(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
this form**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

2 0 1 0

Amended **Part I Filer Information**

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number

[REDACTED] 2111

If filer has no U.S. Identification
Number complete Item 4.

4 Foreign Identification (Complete only if item 3 is not applicable.)

a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYY

10/01/1969

6 Last Name or Organization Name

PIERON, JR.

7 First Name

JAMES

8 Middle Initial

D

9 Address (Number, Street, and Apt. or Suite No.)

10 City MT. PLEASANT	11 State MI	12 Zip/Postal Code [REDACTED]	13 Country US
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14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

16 Type of account a Bank b Securities c Other—Enter type below

200,000

17 Name of Financial Institution in which account is held

UNION BANK OF SWITZERLAND

18 Account number or other designation

[REDACTED] 60Z/40M

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

POSTFACH

12 AM

AM

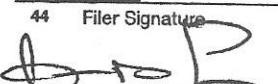
1:58

RECEIVED IRS DETROIT
CORPORATING CENTER20 City
ZURICH

21 State, if known

22 Zip/Postal Code, if known
809823 Country
SWITZERLAND SZ

Signature

44 Filer Signature


45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)
Oct 06 - 12

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

201222200755

Part II Continued—Information on Financial Account(s) Owned Separately**Complete a Separate Block for Each Account Owned Separately**

This side can be copied as many times as necessary in order to provide information on all accounts.

Form TD F 90-22.1

Page Number

2 of 3

1 Filing for calendar year 2 0 1 0	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 2111	6 Last Name or Organization Name PIERON, JR.
15 Maximum value of account during calendar year reported 840,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held BANQUE CANTONALE VAUDOISE		
18 Account number or other designation 32.40	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held CASE POSTALE 300	
20 City LAUSANNE	21 State, if known	22 Zip/Postal Code, if known 1001
15 Maximum value of account during calendar year reported 2,100,000	16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JAMES PIERON / SAXO	
17 Name of Financial Institution in which account is held SAXOBANK		
18 Account number or other designation 882INET	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PHILIP HEYMANS ALLE 15	
20 City HELLERUP	21 State, if known	22 Zip/Postal Code, if known 2900
15 Maximum value of account during calendar year reported 300,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below KOMPLIQUE AGG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation 60X/01V	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known 6002
15 Maximum value of account during calendar year reported 10,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX TECHNOLOGIES AG	
17 Name of Financial Institution in which account is held UNION BANK OF SWITZERLAND		
18 Account number or other designation /67F/01P	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held POSTFACH	
20 City LUZERN	21 State, if known	22 Zip/Postal Code, if known 6002
15 Maximum value of account during calendar year reported 350,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below JDFX FUND MGMT LRD, B.V.I.	
17 Name of Financial Institution in which account is held CREDIT SUISSE		
18 Account number or other designation 2/11	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held GENEVA 70	
20 City GENEVA	21 State, if known	22 Zip/Postal Code, if known 1211
15 Maximum value of account during calendar year reported 17	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below Name of Financial Institution in which account is held	
18 Account number or other designation 20 City	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 21 State, if known 22 Zip/Postal Code, if known 23 Country	

20122200755

Part IV Information on Financial Account(s) Where Filer has Signature Authority but No Financial Interest in the Account(s)				Form TD F 90-22.1 Page Number
Complete a Separate Block for Each Account This side can be copied as many times as necessary in order to provide information on all accounts.				<u>3</u> of <u>3</u>
1 Filing for calendar year <u>2</u> <u>0</u> <u>1</u> <u>0</u>	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>PIERON, JR.</u> <u>2111</u>	6 Last Name or Organization Name		
15 Maximum value of account during calendar year reported <u>660,000</u>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below			
17 Name of Financial Institution in which account is held JPMORGAN				
18 Account number or other designation OPICS COLLATERAL	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 126 LONDON WALL			
20 City LONDON	21 State, if known	22 Zip/Postal Code, if known EC2TY5AJ	23 Country UK	
34 Last Name or Organization Name of Account Owner JDFX FUND LTD	35 Taxpayer Identification Number of Account Owner			
36 First Name	37 Middle initial	38 Address (Number, Street, and Apt. or Suite No.) 801 ROAD TOWN		
39 City TORTOLA	40 State	41 Zip/Postal Code	42 Country B.V.I.	VI
43 Filer's Title with this Owner DIRECTOR				
15 Maximum value of account during calendar year reported <u>160,000</u>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below			
17 Name of Financial Institution in which account is held JPMORGAN				
18 Account number or other designation <u>1701</u>	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 125 LONDON WALL			
20 City LONDON	21 State, if known	22 Zip/Postal Code, if known EC2TY5AJ	23 Country UK	
34 Last Name or Organization Name of Account Owner JDFX FUND LTD	35 Taxpayer Identification Number of Account Owner			
36 First Name	37 Middle initial	38 Address (Number, Street, and Apt. or Suite No.) 800 ROAD TOWN		
39 City TORTOLA	40 State	41 Zip/Postal Code	42 Country B.V.I.	VI
43 Filer's Title with this Owner DIRECTOR				
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below			
17 Name of Financial Institution in which account is held				
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country	
34 Last Name or Organization Name of Account Owner	35 Taxpayer Identification Number of Account Owner			
36 First Name	37 Middle initial	38 Address (Number, Street, and Apt. or Suite No.)		
39 City	40 State	41 Zip/Postal Code	42 Country	
43 Filer's Title with this Owner				

20122200755

JAMES D PIERON, JR.

[REDACTED]
MT. PLEASANT, MI [REDACTED]

[REDACTED] 2111

FORM TD F 90-22.1 STATEMENT 12/31/10

MR. PIERON WAS INVOLVED WITH SEVERAL ENTITIES WHILE IN SWITZERLAND AND WAS UNAWARE OF THE FILING AND REPORTING REQUIREMENTS FOR THE FOREIGN BANK ACCOUNTS. ONCE MADE AWARE OF THE FILING REQUIREMENTS, HE IMMEDIATELY TOOK STEPS TO COMPLY BY SEARCHING THROUGH SEVERAL YEARS OF RECORDS TO OBTAIN THE REQUIRED INFORMATION. INCLUDED ON FORM TD F 90-22.1 ARE THREE PERSONAL ACCOUNTS, THREE BUSINESS ACCOUNTS OF WHICH MR. PIERON WAS A GREATER THAN 50% OWNER AND TWO ACCOUNTS WHICH HE HAD SIGNATURE AUTHORITY ONLY.

201218725895

TD F 90-22.1

(Rev. January 2012)
Department of the Treasury
Do not use previous editions of this form

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

OMB No. 1545-2038
1 This Report is for Calendar Year Ended 12/31
2011
Amended

Part I: Filer Information

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number

2111

If filer has no U.S. Identification Number complete Item 4.

4 Foreign identification (Complete only if item 3 is not applicable.)

a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYY

/1969

6 Last Name or Organization Name

PIERON, JR.

7 First Name

JAMES

8 Middle Initial

D

9 Address (Number, Street, and Apt. or Suite No.)

10 City MT. PLEASANT MI 48856 11 State MI 12 Zip/Postal Code 13 Country US

14 Does the filer have a financial interest in 25 or more financial accounts?

Yes If "Yes" enter total number of accounts _____
(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No

Part II: Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported

TBD

16 Type of account a Bank b Securities c Other—Enter type below
JDFX FUND MANAGEMENT

17 Name of Financial Institution in which account is held

CREDIT SUISSE

18 Account number or other designation

8712

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

CH-GENEVA 70 (0251)

20 City GENEVA

21 State, if known

22 Zip/Postal Code, if known

23 Country SWITZERLAND

RECEIVED
U.S.
COMPTROLLER
OF CREDIT
UNION
2012 JULY 1

Signature:

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

27-JUN-12

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The info. collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this info. is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

Apprv 271

Form TD F 90-22.1 (Rev. 1-2012)

027198

201218725895

Part II! Continued—Information on Financial Account(s) Owned Separately**Complete a Separate Block for Each Account Owned Separately**

This side can be copied as many times as necessary in order to provide information on all accounts.

Form TD F 90-22.1

Page Number

2 of 2

1 Filing for calendar year 2011	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 2111	6 Last Name or Organization Name PIERON, JR.
15 Maximum value of account during calendar year reported TBD	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held BANQUE CANTONALE VAUDOISE		
18 Account number or other designation 3240	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held	
20 City LAUSANNE	21 State, if known	22 Zip/Postal Code, if known 1000
23 Country SWITZERLAND SZ		
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held		
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held	
20 City	21 State, if known	22 Zip/Postal Code, if known
23 Country		
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held		
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held	
20 City	21 State, if known	22 Zip/Postal Code, if known
23 Country		
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held		
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held	
20 City	21 State, if known	22 Zip/Postal Code, if known
23 Country		
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held		
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held	
20 City	21 State, if known	22 Zip/Postal Code, if known
23 Country		
15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held		

Apprv 271

Form TD F 90-22.1 (Rev. 1-2012)

027199